

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000041324

**Entity Name:** PASHA'S GROUP INC.

**Current Principal Place of Business:**

860 NE 79TH STREET  
SUITE A  
MIAMI, FL 33138

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC3596288441**

**Current Mailing Address:**

860 NE 79TH STREET  
SUITE A  
MIAMI, FL 33138 US

**FEI Number: 65-1001893**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WATTS-FITZGERALD, ABIGAIL C  
DEVINE GOODMAN RASCO & WATTS-FITZGERALD, LLP  
2800 PONCE DE LEON SUITE 1400  
CORAL GABLES, FL 33134 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name MCCOOK, JACQUELINE  
Address 860 NE 79TH STREET  
SUITE A  
City-State-Zip: MIAMI FL 33138

Title S  
Name MALPICA, LYDA A  
Address 860 NE 79TH STREET  
SUITE A  
City-State-Zip: MIAMI FL 33138

Title DP  
Name ELLEK, ANTONIO  
Address 860 NE 79TH STREET  
SUITE A  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name GAZAL, GABRIEL  
Address 860 NE 79TH STREET  
SUITE A  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR AND SECRETARY  
Name MCCOOK, JACQUELINE  
Address 860 NE 79TH STREET  
SUITE A  
City-State-Zip: MIAMI FL 33138

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LYDA A. MALPICA**

**S**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date